

# Child Development Associates Nutrition Program

678 3rd Avenue, Suite 206, Chula Vista, CA 91910 \*\* 619-427-4922

## ENROLLMENT FOR FOSTER CHILDREN (2009/2010)

(Foster children are considered provider's own and only eligible up to the age of 13)

Provider Name	Address	City\Zip
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CDA Provider #	License #	Telephone #
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### ELIGIBILITY WITHOUT THE RECEIPT OF Cal Works, FDPIR, FOOD STAMPS, Kin GAP AND/OR FEDERALLY FUNDED HEAD START BENEFITS (STATE FUNDED EXCLUDED)

Complete this section if you are applying for Food Program benefits for Foster children and they **DO NOT** receive Food Stamps, Cal Works, FDPIR, Kin GAP or Federally funded Head Start benefits (State funded excluded). If you have more than one Foster child, please use a separate form for each child.

CHILD'S NAME	DATE ENROLLED	BIRTH	SEX	INCOME

### ELIGIBILITY WITH THE RECEIPT OF Cal Works, FDPIR, FOOD STAMPS, Kin GAP OR FEDERALLY FUNDED HEAD START BENEFITS (STATE FUNDED EXCLUDED)

Complete this section if you are applying for Food Program benefits for any Foster children who **ARE** included in a Food Stamp, FDPIR, Cal Works, Kin GAP or Federally Funded Head Start Benefits (State Funded Excluded).

CHILD'S NAME	DATE ENROLLED	BIRTH	SEX	FS/CW/KG FDPIR/HS	CASE #

I hereby certify that all of the above information is true and correct. I understand that this information is being given in connection with the receipt of Federal funds; that the institution officials may verify information; and that the deliberate misrepresentation of information may subject me to prosecution under applicable State and Federal laws.

PROVIDER SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Racial-ethnic heritage of your children: Although you are not required to provide this information, your cooperation will help determine compliance with federal civil rights laws. If you decline to provide this information, it will in no way affect your child's participation in the CCFP. Collection of this information is in accordance with Title VI of the Civil Rights Act of 1964 and is strictly for statistical reporting requirements. If willing, please circle the correct category:

Racial Data	Racial Data	Racial Data	Racial Data	Racial Data	Ethnic Data
Am.Ind./Alaska Ntv.	Asian	Black/African Am.	Nat.Hawaiian/Pac.Isl	White	Hispanic/Latino
1	2	3	4	5	6

### FOR OFFICE USE ONLY:

ELIGIBILITY CERTIFICATION			
ELIGIBLE <input type="checkbox"/>	NOT ELIGIBLE <input type="checkbox"/>	DATE CERTIFIED	DATE RECERTIFIED
SIGNATURE OF ELIGIBILITY OFFICIAL		STATE USE ONLY	

NON DISCRIMINATION: In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a discrimination complaint, write USDA Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (202)720-5964 (voice and TDD). USDA is an equal opportunity provider and employer. To report program or discrimination complaints to the State, please contact Eva Lopez-Contreras, Civil Rights Coordinator at (916) 445-5008, (800) 952-5609, or [econtrer@cde.ca.gov](mailto:econtrer@cde.ca.gov)